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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/030692	FILING DATE
							APPLICANT(S)	
CLAIMS								
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/			/		51		
2	/			/		52		
3	/			/		53		
4	/			/		54		
5	/			/		55		
6	/			/		56		
7	/			/		57		
8	/			/		58		
9	/			/		59		
10	/			/		60		
11	/			/		61		
12	/			/		62		
13	/			/		63		
14	/			/		64		
15	/			/		65		
16	/			/		66		
17	/			/		67		
18	/			/		68		
19	/			/		69		
20	/			/		70		
21	/			/		71		
22	/			/		72		
23	/			/		73		
24	/			/		74		
25	/			/		75		
26	/			/		76		
27	/			/		77		
28	/			/		78		
29	/			/		79		
30	/			/		80		
31	/			/		81		
32	/			/		82		
33	/			/		83		
34	/			/		84		
35	/			/		85		
36	/			/		86		
37	/			/		87		
38	/			/		88		
39	/			/		89		
40	/			/		90		
41	/			/		91		
42	/			/		92		
43	/			/		93		
44	/			/		94		
45	/			/		95		
46	/			/		96		
47	/			/		97		
48	/			/		98		
49	/			/		99		
50	/			/		100		
TOTAL IND.	2			1		TOTAL IND.	1	
TOTAL DEP.	30			1		TOTAL DEP.	1	
TOTAL CLAIMS	32			2		TOTAL CLAIMS	2	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1380 (REV. 5/78)

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